

Independence Questionnaire and Doctor Verification

The following is a questionnaire to be completed by your primary care physician or another doctor of Medicine of your choice

Applicant's Name: _____

The above mentioned patient is seeking to rent one of Exito's homes. These homes are shared between three people, who have never known each other. These people will each have their own room in the home, but will co-occupy the common areas, such as the living room, kitchen and den.

Please complete the following questions to the best of your ability. Your answers to the following questions will be considered when approving or denying the patients eligibility in this program.

Date of Dr. Appointment: _____

Doctors Name (first/last): _____

Name of Practice: _____

Address: _____

Phone Number: _____

True or False

- _____ Is healthy and able to care for themselves;
- _____ Wants to live independently;
- _____ Can communicate with doctors and caregivers by themselves, or with the help of family or friends, but without the help of trained, onsite staff;
- _____ Can cook their own regular or special diets;
- _____ Is mobile or able to move independently through the use of a walker or wheel chair;
- _____ Can do routine house cleaning on their own; including laundry;
- _____ Can bath self;
- _____ Can use the toilet w/o assistance. And if applicable, can change adult underwear by him or herself;
- _____ Can administer medication by him or herself; or by the assistance of a part time caregiver;
- _____ Is in your opinion emotionally stable;
- _____ Is not violent or has no history of being violent;
- _____ Can communicate their needs;
- _____ Can transfer in and out of bed on their own.

To what extent assistance is need for this patient:

Please choose one of the following two statements:

In my professional opinion I, Dr. _____ **believe** the above named patient is healthy, both physically and emotionally to live in an Independent Shared Housing Program.

In my professional opinion I, Dr. _____ **do not believe** the above named patient is healthy, both physically and emotionally to live in an Independent Shared Housing Program.

Signature

Date

Print Name